

IMMUNIZATION CLINIC: VACCINE ADMINISTRATION RECORD

Clinic Site _____

Contact Person: _____

Phone: _____

Vaccine Administrator: Make sure to give the patient or legal representative the most recent copy of the Vaccine Information Statement (VIS), which explains risks and benefits of vaccine for each dose of vaccine given.

Use a separate line for each dose of vaccine

Name	Age	Medicare and/or Insurance Number	Date Vax Given	Type of Vax	Vaccine Manufacturer	Vaccine Expiration Date & Lot Number	Dose	Site and Route*	Date VIS Given	Date on VIS	Vax Admin Initials

*Site given: RA = right arm, LA = left arm, RL = right leg, LL = left leg, RH = right hip, LH = left hip

*Route given: O = oral, SC = subcutaneous, IM = intramuscular, ID = intradermal, IN= intranasal

Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials